

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-038724

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No. 1001

Registrar's No.

5322

FILED NOV 1 1962

## 1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Kansas City

Length of stay in 1b  
42 yrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Trinity Lutheran Hosp.

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jackson

c. CITY OR TOWN Kansas City

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
815 E. 71st. Terr.

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First Middle Last  
ADAM D. GUYNN

4. DATE OF DEATH Month Day Year  
October 17, 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

7-26-1888

## 9. AGE (last birthday)

74

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Salesman

10b. KIND OF BUSINESS OR INDUSTRY  
Sales

11. BIRTHPLACE (City and state or country)  
Garnett, Kansas

12. CITIZEN OF WHAT COUNTRY  
U. S. A.

## 13a. FATHER'S NAME

Thomas Guynn

## 13b. MOTHER'S MAIDEN NAME

Elizabeth (unknown)

## 14. NAME OF HUSBAND OR WIFE

Flora Helen Guynn

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
NO

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Mrs. Flora H. Guynn 815 E. 71st. Terr.

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

### IMMEDIATE CAUSE (a)

RIGHT CEREBRAL VASCULAR ACCIDENT

## INTERVAL BETWEEN ONSET AND DEATH

5 WKS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

### DUE TO (b)

### DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9-14-62 to 10-17-62 and last saw him alive on 10-17-62  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Removal

23b. DATE  
10-20-62

## 23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)  
Garnett, Kansas

(State)

## 24. FUNERAL DIRECTOR

## ADDRESS

25. DATE RECD. BY LOCAL REG.  
10-19-62

## 26. REGISTRAR'S SIGNATURE

Mellody-McGilley-Eylar Woodland

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Butcher

Mr. Robert Butcher  
7924 Oaseo  
Ne 3-6600

Thi: 1:30 to 5:00  
(3:30 is best time)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*James E. Hackleman*

Licensed Embalmer No. 4573

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.